

(1) PLACE OF BIRTH

County of *York*

Township of *North*

or Inc. Town of

or City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
91929

Registration District No. *4009*

Registered No. *162*
(For use of Local Registrar)

(2) Full Name of Child *John Poden Bellanger* } If child is not yet named, make supplemental report as directed

| | | | | |
|------------------|---|------------------------------|--------------------------|--|
| (3) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH |
| | <i>To be answered only in case of Twins or Triplets</i> | | <i>Yes</i> | <i>Dec 18 1916</i> (Name of Month) (Day) (Year) |

FATHER.

(8) FULL NAME *Elige Bellanger*

(9) PRESENT POSTOFFICE OF FATHER *Headsett St York Co*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *33* (Years)

(12) BIRTHPLACE *Spertanburg Co*

(13) OCCUPATION *House painter*

(20) Number of children born to mother, including present birth *8*

MOTHER.

(14) NAME BEFORE MARRIAGE *Dora Poden*

(15) PRESENT POSTOFFICE OF MOTHER *Headsett St York Co*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *29* (Years)

(18) BIRTHPLACE *Spertanburg Co*

(19) OCCUPATION *House keeper*

(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *7 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *H.H. Woodruff*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Headsett St York Co*

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Jan. 11 1917* (28) *Chas. L. Bayler* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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MCCAW, McCaw-Columbia, MISSOURI, No. 1. THIS OFFICE, No. 2, etc., in question 5.